Linkage

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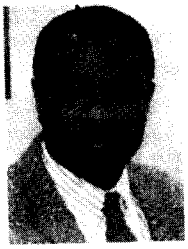
FROM THE OFFICE OF THE DIRECTOR

MOVING AHEAD *By Oscar Morgan*



The Mental Hygiene Administration, The Maryland Department of Health and Mental Hygiene

Parris N. Glendening
Governor

Georges C. Benjamin, M.D., F.A.C.P.
Secretary
Department of Health and Mental Hygiene

The summer has been extremely busy for the Mental Hygiene Administration (MHA). We completed the Statewide Needs Assessment for Mental Health Services and MHA's Five Year Plan for Downsizing and Consolidating of State Psychiatric Hospitals. As stated in a letter from Barbara A. Hoffman, Chairman of the Senate Budget and Taxation Committee and Howard P. Rawlings, Chairman of the House Committee on Appropriations, "the MHA report is a far-reaching one with many different elements." The report calls for:

- the reconfiguration of hospital beds at the State psychiatric hospitals which will reduce operated beds by over 500 while keeping facilities open;
- the reduction in workforce of 434 positions while allowing the ratio of budgeted hospital staff:patients to increase;
- the reduction of the current average daily populations (ADP) at the State psychiatric hospitals; and
- a $57 million expansion of community-based services.

The plan also calls for a significant increase in MHA's Capital Budget for the centralizing of hospital functions and construction and/or renovation of facilities. This will result in the largest hospital being no more than 200 beds.

The community expansion will be in the following areas:

- Case Management
- Vocational Support
- Mobile Treatment
- Peer Support
- Housing
- Crisis Intervention

Over the past two months, MHA in conjunction with the Core Service Agencies (CSA) and Maryland Health Partners (MHP) have reviewed the Public Mental Health System's rate structure. Based on the input from various provider groups, as well as representatives of the Community Cost Reimbursement Commission, MHA is preparing a new rate schedule. These new rates will be implemented by the end of the calendar year. The increases will occur in the following areas:

- Outpatient Services
- Supported Employment, and
- Psychiatric Rehabilitation

The Mental Hygiene Administration (MHA), in collaboration with MHP, CSA, and R.O.W. Sciences, Inc. (the independent company that conducted the study), completed two face-to-face interview surveys of people with serious mental illness. The purpose of the first survey was to assess the health status and functioning of children and adolescents with serious emotional disturbances, and to assess parent and caregiver satisfaction with these services. Youth in the sample ranged from 5 to age 17. The results indicated that 76.1% of the individuals interviewed were either satisfied or strongly satisfied with the mental health

Continued on next page.

Moving Ahead *Continued*

services their child or adolescent received. In regard to the second survey (Adults with Serious Mental Illness) 74.1% of the respondents indicated either agreement or strong agreement with the statement "I'm satisfied with the mental health services received." Guided by the principle of consumer choice, MHA is encouraged by the results of the survey and will use the findings to continue to refine the PMHS. MHA would again like to thank MHP and R.O.W. Science, Inc., as well as the parents and caregivers that shared their time and insights with us in the completion of this study.

The FY 2000 State Plan was also completed and distributed. MHA now continues to monitor and work towards meeting all strategies and objectives as outlined in the Plan. We look forward to working with each of you throughout the coming months in fulfilling these goals.

The fall season now upon us, MHA is turning its energies to continuing to work with the departments of Health, Education, Juvenile Justice, and others on early interventions, screenings, and assessments of children and adolescents. Also, October has been proclaimed as **Youth Suicide Prevention Month** and October 7th is **National Depression Screening Day**. MHA in conjunction with the mental health provider community will offer free depression screenings at various locations throughout the State (see box on page 5).

These and other activities promise great personal and professional rewards for each of us. Reinvigorated by the challenges that lie ahead, we take only this moment to pause and reflect on what's been accomplished and what's yet to be done. We continue to be enthusiastic in furthering our efforts to provide quality mental health services. ■

MHA Goes to the WHITE HOUSE

Henry Westray, Jr., MSS, the Mental Hygiene Administration's administrator for Youth Suicide Prevention and the Maryland Youth Crisis Hotline, which is the only 24-hour toll-free State funded hotline (1-800-422-0009) focused on youth suicide prevention, was invited to attend a press conference at the White House where Tipper Gore and the Surgeon General David Satcher, M.D., Ph.D. announced a "Call for Action" to prevent suicide. Ms. Gore stated that most people did not know that each year more people die by suicide completion then do victims of homicide in this country. Suicide is the 9th leading cause of death for Americans, and is the 3rd leading cause of death for youth 15 to 24 years of age. In his press briefing, Dr. Satcher outlined 15 key recommendations and a conceptual framework, which he stated were essential steps towards building a comprehensive National Strategy for Suicide Prevention. According to Mrs. Gore, the problem of suicide is not only a family, local, and community problem; it is an issue that effects us all. Thus, Dr. Satcher will lead the national momentum to address this problem.

In 1998, Mr. Westray was selected to be a part of the national planning group whose charge was to find solutions to the increasing problem of suicide in this country. The group came up with numerous recommendations, 15 of which are outlined in the Surgeon General's recently released report, "Call to Action" to Prevent Suicide 1999. Mr. Westray continues to play an important role in heading up Maryland's youth suicide prevention program, and continues the Department's collaborative work with the Harvard School of Public Health in Violence Prevention. He states, "Although we have made much progress in our State to decrease suicides, suicide is still the third leading cause of death for youth in our State." He went on to state that, due to the fact that the elderly have the highest rate of suicide nationally and in Maryland, this October's suicide prevention conference will focus on *"Suicide Across the Life Continuum."* This will be the first year that this event has focused on youth, adult, as well as elderly suicide. The 11th Annual Conference will take place on October 14th at Martin's West in Woodlawn, Maryland. This conference, being one of the oldest suicide prevention conferences in the nation, will be one of several events planned for this October's Youth Suicide Prevention Month.

On October 15th the Mental Hygiene Administration in conjunction with the Harvard University School of Public Health will conduct the 4th National Teleconference on Violence. This teleconference will focus on school/community violence.

For more information on any of the above, contact Henry Westray, Jr. at 410-767-5650. ■

Older Adults Depression and Suicide Facts

Excerpts from the National Institute of Mental Health (NIMH) Fact Sheets

Major depression, a significant predictor of suicide in elderly Americans, is a widely under-recognized and under-treated medical illness. According to one study, many older adults who commit suicide have visited their primary care physician very close to the time of the suicide: 20 percent on the same day, 40 percent within one week, and 70 percent within one month of the suicide. These findings point to the urgency of enhancing both the detection and the adequate treatment of depression as a means of reducing the risk of suicide among the elderly.

Older Americans are disproportionately likely to commit suicide. Comprising only 13 percent of the U.S. population, individuals ages 65 and older account for 20 percent of all suicide deaths, with white males being particularly vulnerable. The highest rate is for white men ages 85 and older: 65.3 deaths per 100,000 persons in 1996 (the most recent for which statistics are available), about 6 times the national U.S. rate of 10.8 per 100,000.

More than 2 million of the 34 million Americans age 65 and older suffer from some form of depression. In contrast to the normal emotional experiences of sadness, grief, loss, or passing mood states, major depression is extreme and persistent and can interfere significantly with an individual's ability to function. Less severe forms of depression are also common among the elderly and are associated with an increased risk of developing major depression. Depression, however, is not a normal part of aging. Both doctors and patients may have difficulty recognizing the signs of depression.

Research and Treatment

Modern brain imaging technologies are revealing that in depression, neural circuits responsible for the regulation of moods, thinking, sleep, appetite, and behavior fail to function properly, and that critical neurotransmitters -- chemicals used by nerve cells to communicate -- are out of balance. Genetics research indicates that vulnerability to depression results from the influence of multiple genes acting together with environmental factors. Studies of brain chemistry and of mechanisms of action of antidepressant medications continue to inform the development of new and better treatments.

Antidepressants medications are widely used effective treatments for depression. Existing antidepressant drugs are known to influence the functioning of certain neurotransmitters in the brain, primarily serotonin and norepinephrine, known as monoamines. Older medications -- tricyclic antidepressants (TCAs) and monoamine oxidase inhibitors (MAOIs) -- affect the activity of both of these neurotransmitters simultaneously. Their disadvantage is that they can be difficult to tolerate due to side effects or, in the case of MAOIs, dietary and medication restrictions. Newer medications, such as the selective serotonin reuptake inhibitors (SSRIs), have fewer side effects than the older drugs, making it easier for patients including older adults to adhere to treatment. Both generations of medications are effective in relieving depression, although some people will respond to one type of drug, but not another.

Psychotherapy is also an effective treatment of depression. Certain types of psychotherapy, cognitive-behavioral therapy (CBT) and interpersonal therapy (IPT), are particularly useful. More than 80 percent of people with depression improve when they receive appropriate treatment with medication, psychotherapy, or the combination.

In fact, recent research has shown that a combination of psychotherapy and antidepressant medication is extremely effective for reducing recurrent of depression among older adults. Those who received both interpersonal therapy and the antidepressant drug nortriptyline (a TCA) were much less likely to experience recurrence over a three-year period than those who received medication only or therapy only.

Studies are in progress on the efficacy of SSRIs and short-term specific psychotherapies for older persons. Findings from these studies will provide important data regarding the clinical course and treatment of late-life depression. Further study will be needed to determine the role of hormonal factors in the development of depression, and to find out whether hormone replacement therapy with estrogens or androgens is of benefit in the treatment of depression in the elderly.

For more information, you may contact NIMH at (301) 443-4513. ■

MARK YOUR CALENDARS:

Sept. 24th **Medicare and Mental Health: Benefits, Limitations, and Consequences Conference** 9AM to 4:30PM at the Maritime Institute. For more information, call Eileen Hanson at (410) 706-4967.

October 2nd **Families Connections IV Conference** at Holiday Inn Inner Harbor 8 - 3:30 PM; for more information call (410) 464-2606. (Special program just for Parent Support Leaders also on Sunday, October 3rd).

October 7th **National Depression Screening Day** (free confidential screenings being offered throughout the State) For locations call the Mental Health Association at (410) 235-1178.

DHMH Health Fair 10 AM to 3 PM and Talent/Gong Show 12 noon to 2 PM at 201 W. Preston Street in Baltimore. (Free health and depression screenings 10 AM - 3 PM) Call Maryland General Hospital at (410) 225-2000 or MHA at (410) 767-6629 for more information.

October 14th **11th Annual Maryland Suicide Prevention Conference** 8AM to 3:45PM at Martin's West. For more information, call Henry Westray at (410) 767-5650.

October 20th **Eastern Shore's New Hospital Center Groundbreaking Ceremony** 2:30 PM; for more details call ESHC at (410) 221-2527.

October 26th **Mobile Treatment Conference** 9AM to 4PM at Bon Secours, for more information call Marta Archer at (410) 706-4967.

October 27th **Springfield Hospital Center's Annual Health Fair** in the Geriatric Building. For more information call Marsha Ansel at (410) 795-2100.

October 29th **Involuntary Admissions, Emergency Petitions Conference** at the Maritime Institute; for more information call Stacy Diehl at (410) 767-6610.

November 9th **Prevalence of Hepatitis Among Individuals with Mental Illness,** at the Maritime Institute. For more information call Eileen Hanson at (410) 706-4967.

November 22nd **Seventh Annual Maryland Schizophrenia Conference** at the Marriott Hunt Valley Inn 12:30 PM - 4:30 PM. For more information call Dave Miller (410) 402-7195 or visit Website: www.mdschizconf.org.

March 10th 2000 **DHMH Annual Springfest** at 201 W. Preston... Focus on Women's Health Issues. Free workshops and screenings. Call for information at (410) 767-6629.

May 4-5th 2000 **MHA Annual Conference** at the Sheraton Baltimore, North Towson; watch for updates.

MHA RECEIVES GRANT

By Tom Merrick

MHA's Child and Adolescent Division has been awarded a State Challenge Grant from the Juvenile Justice Advisory Council in the Governor's Office of Crime Control and Prevention. The State Challenge Grant Program is administered by the Federal Office of Juvenile Justice and Delinquency Prevention in the U.S. Justice Department. The program, the Maryland Juvenile Justice Mental Health Treatment Program, will also be funded through the Federal Community Mental Health Block Grant administered by the Center for Mental Health Services, resulting in an innovative blending of federal resources from both mental health and juvenile justice sources. The program will be adapted from the highly acclaimed Maryland Community Criminal Justice Treatment Program, piloted by MHA in recent years in county operated detention centers. The project will provide for mental health screening, assessment, treatment, and intensive aftercare for youth held in secure juvenile detention centers. Based on two pilot sites, Baltimore City and the nine Eastern Shore counties, these specialized service packages will be offered to youth in three of five Department of Juvenile Justice operated detention centers. The centers include the DeWeese Carter Center in Kent County, and the Cheltenham and Waxter Youth Centers which serve most of the youth from Baltimore City who are detained.

The proposed project will provide a number of treatment options for those youth who are identified as having potential mental health problems including the piloting of the Aggression Replacement

Continued

Training (ART) in both urban and rural sites. Of particular importance is the emphasis on intensive community aftercare plans for those youth who may have been detained but can return to their communities if a plan of intensive mental health intervention is put in place. The program is being overseen by both the Mental Hygiene Administration and the Department of Juvenile Justice. This is a joint agency response to the mental health needs of youth in the juvenile justice system which have been documented extensively at both State and national levels. ■

DEAF SERVICES

By Joan Gillece

Providing full accessibility to services for all consumers is a priority of the Public Mental Health System. To assure such accessibility, special rates have been developed to providers serving deaf consumers. A $35.00 interpreter fee is authorized and approved by Maryland Health Partners when a deaf consumer sees a hearing provider. When the provider signs fluently and/or is deaf, an enhanced rate of $15.00 is available because an interpreter is not needed. After the rates were developed, the Mental Hygiene Administration (MHA) was advised by deaf providers that this was a model system for full accessibility. Mental health services for the Deaf are available throughout the counties; some include: People Encouraging People and Community Support Services for the Deaf both in Baltimore County; Arundel Lodge in Anne Arundel County; Family Services Foundation in Baltimore, Prince George's and Frederick Counties; Mid-Shore Mental Health; Talbot County Mental Health; Deaf Independent Living on the Eastern Shore, and DGS Services in Howard County.

Get More Than a Test Score -- Get Back Your Life

NATIONAL DEPRESSION SCREENING DAY

Thursday, October 7, 1999

Screenings are FREE and open to the public.

For a site near you, call

1-800-573-4433

An Outreach Event during Mental Health Awareness Week

MHA along with the Core Service Agencies (CSA's) has encouraged the development of Statewide rehabilitation, residential, and clinic services specially designed to provide deaf friendly services. It is the goal of MHA to continue to develop a model service system for deaf consumers enrolled in our Public Mental Health System. MHA is also in the process of recruiting a Director for Deaf Services. This position requires fluency in American Sign Language knowledge and appreciation of deaf culture and relevant experience in providing and administering mental health services to deaf consumers. ■

BREAKING GROUND

Planning has begun for a Groundbreaking Ceremony for the new Eastern Shore Hospital Center on 20th of October 1999, 2:30 PM. The 22-acre Cambridge site is south of Route 16 and west of Woods Road, also bounded by Southside Avenue. Actual site work began in June. The one-story, 115,000 square foot structure, has a sloping shingle roof and brick exterior walls. The interior is designed with a "treatment mall concept" and includes patient care, administration and building support areas. The patient care area is sub-divided into four 20-bed residential units, connected by a "main street" of recreation, dining and therapy space. Each unit also has it's own outside courtyard. The architect on the $18.2 million project is RTKL Associates, Inc. and the contractor is Clark Construction Group, Inc. ■

FY99 Public Mental Health System FACTS

- Approximately 65,000 individuals receive treatment on an annual basis
  - 76% Medicaid waiver
  - 24% uninsured
  - 36% Child/Adolescent
  - 6% Older Adult
  - 58% Adult
- Annual percent breakout of expenditures by type of care
  - 42% Inpatient/RTC
  - 26% Outpatient/Case Management
  - 32% Rehab
- 5% of the population (-3,000 individuals) use 56% of dollars. Less than 1/2% (275 individuals) use 10% of dollars.
- Only 30% of the individuals receiving outpatient services (60,000) use more than an average of one visit a month.
- Rehab services are used by about 9,000 people. The top 15% of this group are using an average of 1 or more services daily.
- The four diagnoses of Schizophrenia, Childhood Disorders, Bi-polar, and Major Depression account for 85% of all individuals treated.

Golden Rule Guild's Fifty Years of Dedicated Service

In 1949 a small group of women joined together and formed the Golden Rule Guild for Mental Aid, Inc. Their aims and goals were quickly realized: help improve the physical conditions for patients in the State Hospitals, interest and educate the community in the problems of mental health, and become an active force in implementing legislation directed at improving these conditions.

Since its inception, the Guild has contributed over $400,000 in supplies, equipment, and monthly "good cheer" checks to the State Hospitals. With the "deinstitutionalization" of patients a few years ago, they branched out to daycare centers for former patients.

As time went on, the list of recipients increased. They now send checks to soup kitchens and shelters for the abused and homeless and to the Special Olympics. Recently, they adopted the Villa Maria Children's Home. (This in memory of Sarah Weissman, a former president of the Guild.)

Although the Guild has received local and national recognition, nothing can take the place of seeing happy faces on drab wards when they have their monthly parties. At these parties they chat with the patients, serve refreshments, and play games. They send monthly "good cheer" checks to the Volunteer Coordinators for little extras for the patients.

The Guild carries throughout the community the message that mental illness is just another illness, and must be treated as such. ■

Note from Editor: Deadline for submission of articles for the next issue of **Linkage** is **December 8, 1999**.

Linkage

Oscar Morgan
Director

Jean Smith
Editor

Editorial Board
Sandra Sundeen, R.N.
Tea Arthur

Graphic Design
Janet Morehouse

Contributions are welcome, but subject to editorial change. Please send to Editor at above address.

The Mental Hygiene Administration,
Maryland Department of Health
and Mental Hygiene
201 West Preston Street
Baltimore, Maryland 21201